



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Wood Group USA, Inc. fka Amec Foster Wheeler 17325 Park Row Houston TX 77084 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Agri General Insurance Company	42757
	INSURER C: ACE Fire Underwriters Insurance Co.	20702
	INSURER D: American Zurich Ins Co	40142
	INSURER E: AIG Specialty Insurance Company	26883
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 570070957109**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDOG27874265	05/01/2018	01/31/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25150132	05/01/2018	01/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			XOOG24876238009	05/01/2018	01/31/2019	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLCRC64625196 Work Comp- AOS WLCRC64625202 Work Comp- TN	05/01/2018	01/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
B		N/A			05/01/2018	01/31/2019	
D	Archit&Eng Prof			EOC100837502	05/01/2017	07/01/2018	Any One Claim \$5,000,000 Aggregate Limit \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract No. PW15026 - As-Needed Environmental Testing, Inspection, and Monitoring Services The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers are additional insured on the General Liability policy as required by written contract. Waiver of subrogation is applicable where required by written contract and allowed by law. SEE ATTACHED ADDENDUM FOR ADDITIONAL NAMED INSURED AMEC COMPANIES.

CERTIFICATE HOLDER**CANCELLATION**

County of Los Angeles Department of Public Works 900 South Fremont Avenue, 8th Floor Athlambra CA 91803 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Southwest, Inc.</i>

Holder Identifier : C

Certificate No : 570070957109



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Wood Group USA, Inc.	
POLICY NUMBER See Certificate Number: 570070957109			
CARRIER See Certificate Number: 570070957109	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
C		N/A		RWCC64785825 Work Comp- WI	05/01/2018	01/31/2019		
	OTHER							
E	Env Site/Poll			CPL12456119 Pollution	05/01/2018	05/01/2019	Each Loss	\$5,000,000
							Aggregate Limit	\$5,000,000



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Wood Group USA, Inc.
POLICY NUMBER See Certificate Number: 570070957109		
CARRIER See Certificate Number: 570070957109	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Named Insured & FKA

Named Insureds:

Amec Foster Wheeler
 Amec Foster Wheeler E&I, Inc.
 AGRA Pipeline Professionals, Inc.
 AMEC AES
 AMEC Civil, LLC
 AMEC Construction Management, Inc.
 AMEC E&I, Inc.
 Amec Foster Wheeler AES Inc. (formerly AMEC AES, Inc.)
 AMEC E&E, P.C.
 AMEC Earth and Environmental, Inc.
 AMEC Engineering and Consulting of Michigan, Inc.
 AMEC Environment & Infrastructure, Inc.
 Amec Foster Wheeler USA Corporation
 Amec Foster Wheeler Programs Inc.
 Amec Foster Wheeler Constructors, Inc.
 Amec Foster Wheeler E&C Services, Inc. (formerly AMEC E7C Services, Inc.)
 Amec Foster Wheeler E&I, Inc.
 AMEC Massachusetts, Inc.
 Amec Foster Wheeler Martinez Inc.
 Amec Foster Wheeler North America Corp
 Amec Foster Wheeler Ventures, Inc. (formerly National Ventures, Inc.)
 AMEC NNC USA, Inc.
 AMEC Nuclear USA Inc.
 AMEC Offshore, Inc.
 Amec Foster Wheeler Oil and Gas, Inc. (formerly AMEC Oil & Gas, Inc.)
 AMEC Paragon Inc.
 AMEC PLC
 AMEC Technologies, Inc.
 Amec Foster Wheeler USA Corporation
 AMEC USA Holding, Inc.
 OEST Associates, Inc.
 Amec Foster Wheeler Kamtech, Inc. (formerly AMEC Kamtech, Inc.)
 MACTEC Engineering and Consulting, P.C.
 North American Shared Services (NASS)
 QED International LLC
 Rider Hunt International USA, Inc.
 Terra Nova Technologies, Inc. (TNT)
 Oil & Gas US, Central & South America

Wood Group USA, Inc.
 Wood Group Alaska, Inc.
 Wood Group PSN, Inc.
 Altablue, Inc.
 Cape Software, Inc.
 BMA Solutions, Inc.
 Global Performance, LLC
 John Wood Group PLC
 RWG (Repair & Overhauls) USA, Inc.
 SgurrEnergy, Inc.
 Ingenious, Inc.
 Mustang Process and Industrial
 Mustang International, LP
 Mitchell's Oil Field Services, Inc.
 C.E.C. Controls Company, Inc.
 Wood Environment & Infrastructure Solutions Inc.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Wood Group USA, Inc.	
POLICY NUMBER See Certificate Number: 570070957109			
CARRIER See Certificate Number: 570070957109	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Named Insured & FKA

Formerly Known As:
 AMEC Foster Wheeler Environment & Infrastructure, Inc.(formerly AMEC Environmernt & Infrastructure, Inc.)
 Wood Group Mustang, Inc.
 Wood Group Kenny, Inc.
 Wood Group Management Services, Inc.
 ODL, Inc.
 Wood Group Production and Consulting Services, Inc.
 Wood Group PSN Commissioning Services, Inc.
 Wood Group PSN Lease Maintenance & Construction, LLC
 DSI Deepwater Specialists, Inc.
 Caliber Services, LP
 Infinity Construction Services, LP
 Infinity Maintenance Services, LP
 United Electrical & Instrumentation, Ltd.
 Brazos M&E, Ltd.
 Elkhorn Holdings, Inc.
 Elkhorn Construction, Inc.
 Elkhorn Pipeline Services
 HOAD
 ProSafe
 Dynamic Services